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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Comstock recognized for healthy choices

By JO3 Sarah Condit, USS Comstock

SAN DIEGO--USS Comstock (LSD 45) is establishing a legacy of healthy living for its present and future crews. So far in 1998, as a result of past efforts, the crew's commitment to a healthy and fit environment has earned them a Silver Eagle Award from the Navy Environmental Health Center, and in early June, the ship won a Green "H" for health from Commander Naval Surface Forces Pacific.

During 1997, crewmembers were trained in health education and preventive medicine to promote health and wellness.

"As a crewmember I had a lot of fun helping others to improve their physical fitness," said Boatswains Mate Second Class Jemma N. Salas from San Diego. "Deployment makes it hard at times, but I would be glad to help out and volunteer my time again."

The program called "Healthy Choices" started in September 1997 while Comstock was forward deployed. A "steel beach" picnic kick-off provided diet and nutrition counseling, aerobics information, weight training, self-defense classes and stress surveys. The dedicated approach to health was also acknowledged with "Forge the Future" t-shirts presented to sailors who contributed their time and effort to ensure a healthy environment on the ship.

The health promotion coordinator, LT Sam J. Westock, DC, from Carlsbad, Calif., was responsible for maintaining program quality.

"Winning both the Silver Eagle and Green "H" award was a

team effort, which involved the entire command, " he said.

"As medical officer for the Comstock it was great to see the work that the committee did to maintain and improve the health of the crew. It made my job a lot easier," said LT James A. Ellzy, MC, from Nashville, Tenn. "The most recent physical readiness test results showed an increase in outstanding and excellent scores with only 1 failure out of more than 300 personnel."

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Headline: TRICARE directory: who to contact for Health Care  
By Douglas J. Gillert, American Forces Press Service

WASHINGTON--TRICARE, the Department of Defense managed health care plan, now operates in every state and overseas locations where service members and their families live. Because the system is divided into regions, your contact for assistance varies.

If you use a computer and have access to the internet, you can download general and regional information at <http://www.ha.osd.mil>. Click on the TRICARE icon and follow on-line directions. Claim forms are available at <http://www.ochampus.mil/claimforms>

What follows are world wide web addresses and toll-free phone numbers for each TRICARE region. For more information, contact your local TRICARE office or health benefits adviser.

TRICARE Northeast Service area: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, Delaware, Maryland, New Jersey, New York, Pennsylvania, District of Columbia, Northern Virginia and the Northeast corner of West Virginia.

Toll-free number: (888) 999-5195

Web site: <http://140.139.13.36/region01/index.htm>

TRICARE Mid-Atlantic Service area: North Carolina and most of Virginia

Toll-free number: (800) 931-9501

Web site: <http://www.tma.med.navy.mil>

TRICARE Southeast Service area: South Carolina, Georgia and Florida (excluding the panhandle)

Toll-free number: (800) 444-5445

Web site: <http://www.humana-military.com>

TRICARE Gulf South Service area: Florida panhandle, Alabama, Mississippi, Tennessee and Eastern third of Louisiana

Toll-free number: (800) 444-5445

Web site: [www.humana-military.com](http://www.humana-military.com)

TRICARE Heartland Service area: Michigan, Wisconsin, Illinois, Indiana, Ohio, Kentucky and West Virginia (excluding the Northeast corner)

Toll-free number: (800) 941-4501

No specific web site; for general information, visit <http://www.ochampus.mil>

TRICARE Southwest Service area: Oklahoma, Arkansas, Western two-thirds of Louisiana, Texas (excluding Southwest corner)

Toll-free number: (800) 406-2832

Web site: <http://www.tricaresw.af.mil>  
TRICARE Central  
Service area: New Mexico, Arizona (excluding Yuma), Nevada,  
Southwest corner of Texas (including El Paso), Colorado,  
Utah, Wyoming, Montana, Idaho (excluding Northern Idaho),  
North Dakota, South Dakota, Nebraska, Kansas, Minnesota  
Toll-free number: (888) 874-9378  
Web site: <http://web01.region8.tricare.osd.mil> or  
<http://www.triwest.com>  
TRICARE Northwest Service area: Washington, Oregon and  
Northern Idaho  
Toll-free number: (800) 404-0110  
Web site: <http://tricarenw.mamc.amedd.army.mil>  
TRICARE Golden Gate  
Service area: Northern California  
Toll-free number: (800) 242-6788  
Web site: <http://www.fhfs.com/tricaregoldengate.htm>  
TRICARE Southern California  
Service area: Southern California and Yuma, Ariz.  
Toll-free number: (800) 242-6788  
Web site: <http://www.fhfs.com/tricaresouthernca.htm>  
TRICARE Alaska  
Service area: Alaska  
Toll-free number: (888) 777-8343  
Web site: <http://www.fhfs.com/tricarepacificalaska.htm>  
TRICARE Hawaii  
Service area: Hawaiian Islands  
Toll-free number: (800) 242-6788  
Web site: <http://www.fhfs.com/tricarepacificahawaii.htm>  
TRICARE Latin America  
Service area: Panama, Central America and South America  
Toll-free number: (888) 777-8343; for Puerto Rico and Virgin  
Islands (800) 444-5445  
No specific web site; for general information, visit  
<http://www.ochampus.mil>  
TRICARE Europe  
Service area: Europe, Africa, Middle East, Azores and  
Iceland  
Toll-free number: (888) 777-8343  
Web site: <http://webserver.europe.tricare.osd.mil>  
TRICARE Pacific  
Service area: Western Pacific  
Toll-free number: (800) 777-8343  
Web site: <http://tricare-pac.tamc.amedd.army.mil>. This is  
the home page for all TRICARE programs in the western  
Pacific Ocean. Click on on-line titles for information  
about specific areas.

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Headline: TRICARE management activity executive director  
named

Dr. H. James T. Sears was named this month to be  
Executive Director of the Department of Defense TRICARE  
management activity (TMA).

Secretary of Defense William Cohen said, "Dr. Sears' extensive experience in the military's direct medical care system, plus his leadership and expertise in the private sector, make him the perfect choice to lead this vital new organization."

Sears, a retired U.S. Navy rear admiral, has more than 30 years experience in a variety of health care-related organizational settings. Recently he served as Director of Medical Management and Director of Operations for the CHAMPUS/TRICARE division of Aetna Health Plans, one of the Department of Defense's first managed-care-support contractors. He was also the Deputy Surgeon General of the Navy and Commander of the former Naval Medical Command, in Washington, D.C.

A graduate of Wesleyan University and Albany Medical College of Union University, Sears is board-certified by the American Board of Psychiatry and Neurology, and is a diplomate of the National Board of Medical Examiners.

The TMA is a new organization that oversees the Department of Defense managed health care program for uniformed service members and their families. It is responsible for improving and enhancing the implementation of TRICARE worldwide, and for ensuring the availability and affordability of high-quality, accessible health care to Department of Defense customers worldwide. The Secretary of Defense directed the creation of the TMA in February 1998, as part of the Defense Reform Initiative.

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Headline: Lemoore transitions from emergency room to urgent care center

From: LT Katherine Ormsbee, MSC, Naval Hospital, Lemoore

LEMOORE, Calif.--Naval Hospital, Lemoore (NHL) transitioned in early June from an emergency services facility to a 24-hour a day, 7 day a week urgent care clinic. With that change, the facility will now be more responsive to its community's needs, taking care of more bumps and bruises than skull fractures and strokes.

After analyzing service to its community, the staff at NHL realized that the majority of the hospital's services were for urgent care-type injuries, such as fractures, skinned knees, high fevers and sprains. Rarely did the hospital have to provide emergency or trauma care for gunshot wounds, heart attacks or head injuries.

So, to provide the appropriate care to its customers, the facility became an every day, around-the-clock urgent care clinic. In addition to being available all the time for its customers, the facility upgraded its ambulance service to provide advanced life support with paramedics aboard the vehicles.

With the transition, scrapes, sprains and other minor ailments will be treated at the urgent care facility and emergency patients will be taken to local hospital emergency facilities.

Upgrading ambulance service to have paramedics on board who provide advanced life support care was an important step in the transition. Patients did not have to worry about receiving adequate care should an emergency situation arise. The ambulance service was strengthened and became part of the clinic's quality program with its well-trained care providers and friendly support staff.

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Headline: Camp Pendleton doctors maintain trauma surgery edge

By LT Veronica Southby, NC, Naval Hospital, Camp Pendleton

OCEANSIDE, Calif.--Navy general surgeons at Naval Hospital, Camp Pendleton (NHCP) general surgery department, recently began participating in a program that has them honing their skills with trauma surgeons at the Mercy Hospital Trauma Center in San Diego.

The new program, a project of LCDR Wayne Weiss, MC, head of NHCP General Surgery Department, helps Navy surgeons maintain a high-level of expertise during their shore-based rotation. As part of its readiness deployment support, NHCP supplies surgeons to fleet surgical teams to amphibious ships and aircraft carriers, places where trauma injury is an every day risk. Participation in the new program will ensure that their trauma surgery skills have not suffered during their shore assignments.

Lieutenant Commander Eric Kuncir, MC, was the first Navy doctor to participate in the NHCP program. He came from the aircraft carrier USS Carl Vinson (CVN 70). He said, "On the carrier [trauma] skills were ready at a moment's notice. So it's good to be back in high risk trauma environment again."

Mercy Hospital's Trauma Center is certainly the right place to maintain trauma surgical skills. The center's staff sees more than 1,500 major trauma patients annually. Another selling point for the program was Mercy's past experience providing the same training to Naval Hospital, Balboa staff. Collaboration between the two organizations was made easier with four of eight Mercy trauma staff being former Navy surgeons.

"By rotating our surgeons [to Mercy hospital] on a periodic basis we will sharpen our skills and be ready when our 911 force is called upon," Weiss said.

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Headline: Young swimmer gets another chance at life

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--Sunday began as a busy day in Singapore for CDR Mike Scholtz, DC. He and his family were helping an Air Force family, former patients of his, who were evacuated from Jakarta, Indonesia, and were in Singapore to make travel connections to the United States. As busy as he was helping the family relocate hotels, the day was destined to become more eventful.

Scholtz, who is officer in charge of the medical aid station at Commander Logistics Western Pacific, and his family were eating lunch at poolside of the new hotel when Scholtz heard shouting and screaming.

He first thought there was a snake or animal in the pool as everyone yelled "at the bottom of the pool." Then, hearing a call for a doctor he pushed his way through the crowd and saw a boy being pulled from the pool.

The youngster was turning grayish blue and wasn't breathing. After telling someone to call an ambulance, Scholtz began cardio pulmonary resuscitation (CPR) on who he later learned was a 7-year old Japanese tourist.

After brief CPR, it became apparent the boy was reviving. A regurgitation of water showed recovery was working, and it was then just a matter of monitoring his vital signs while awaiting the ambulance.

Scholtz was relieved that the boy was unconscious only for a brief time, no more than three minutes or so, and would probably experience no lasting after effects. The family of the boy could not speak English, but they were animated enough to show relief when their child regained consciousness. Scholtz later learned the child was released from the hospital that evening with no indication of problems.

Scholtz's son and daughter and the Air Force family's three daughters gained from seeing the event.

"We discussed the importance of being familiar with basic lifesaving techniques and also how happy we were the little boy survived," he said.

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Headline: Healthwatch: asthma is a breathtaking disease for everyone

From: Department of Health and Human Services

WASHINGTON--Asthma is a chronic lung disease that is characterized by intermittent, recurring episodes of wheezing, breathlessness, tightness of the chest, and coughing. The number of people suffering from asthma continues to grow, according to a report released April 24 by the Centers for Disease Control and Prevention. The report entitled, "Surveillance for Asthma -United States 1960-1995" also concluded that the increases in cases, deaths, and visits to doctors occurred in persons of all ages, spanned across all racial groups, and occurred in all regions of the United States.

People with asthma collectively experience well over 100 million days of restricted activity each year, and costs for asthma care exceed \$6 billion annually. Children with asthma miss an average of twice as many school days as other children. Asthma attacks can vary from mild symptoms to serious, life-threatening episodes. More than 5,000 Americans died last year from asthma attacks.

The prevalence of asthma is greater for women (5.6 percent) than men (5.1 percent) and greater for blacks (5.8

percent) than whites (5.1 percent).

The causes of asthma are not well understood, and scientists do not know why so many more people today are suffering from asthma and why symptoms appear more severe than they were 10 years ago. It is most likely that a combination of environmental and genetic factors is responsible. The best documented factor contributing to the development of asthma is atopy, which is the genetic, inherited susceptibility to become allergic. In susceptible persons with asthma, exposure to allergens such as dust mites, cockroaches, molds and dander from pets is associated with more severe symptoms.

Further, children of smokers are more prone to develop asthma because exposure to environmental tobacco smoke can increase sensitivity to allergens.

Although outdoor air pollutants have not been identified as causing asthma, several of them, particularly ozone, have been identified as triggers of asthma attacks. Respiratory infections in early childhood may also influence the development of asthma. Some infections may increase the likelihood of developing asthma, while others might actually be protective. Researchers are exploring how respiratory infections early in childhood might stimulate an immune response that suppresses the development of allergies.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.Navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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